NORTH CENTRAL REGIONAL TRANSIT DISTRICT
ADA PARATRANSIT APPLICATION

In compliance with the Americans with Disabilities Act (ADA) of 1990, NCRTD provides ADA Complementary Paratransit Service to individuals with a disability who are traveling in an area served by NCRTD, but who cannot use the regular fixed-route bus service. This application is intended to determine when and under what circumstances the applicant can use the regular fixed-route bus service and when ADA Complementary Paratransit Service is required.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

The applicant (or someone assisting the applicant) must complete **PARTS 1-7.** A licensed professional must complete and sign **PART 8 - PROFESSIONAL VERIFICATION**, pages 8-9.

All applicants, whether new or being re-certified, must complete a new application. The ADA Complementary Paratransit certification process may involve a personal Functional Assessment to determine if the applicant can use the regular fixed-route bus service. [NCRTD] will pay for the functional assessment as well as provide transportation to and from the evaluation, if necessary. **All questions must be answered. Incomplete applications will be returned**. If you have any questions or need assistance in completing this application, please call [NCRTD] at [TELEPHONE #]. 866-206-0754

NOTE: PROCESSING OF THIS APPLICATION MAY TAKE UP TO 21 DAYS

WHEN COMPLETED, PLEASE RETURN THIS APPLICATION TO:

NCRTD
1122 INDUSTRIAL PARK ROAD
ESPANOLA, NM 87532

DO NOT WRITE IN THIS SPACE		
New Application:_____	Re-certification:_____	
Date Received:_____	Approved:_____	Date:_____
Reviewed By:_____	Denied:_____	Date:_____
Bill Code:_____	Third Party Review:_____	Date:_____
PCA Needed:_____	ADA I.D. Number:_____	

PART 1 – GENERAL INFORMATION

PLEASE PRINT

Last Name:_____ First Name:_____
Street Address:_____ Apt #_____
Building Complex or Name:_____
City:_____ State:_____ Zip Code:_____
Mailing Address if different:_____
Telephone Number:_____ Date of Birth:_____
Social Security Number:_____
If someone is assisting you in completing this application, please identify him/her:
Name:_____ Phone Number:_____
Please give us the name and telephone number of someone we can contact in an emergency:
Name:_____ Phone Number:_____
Relationship:_____

PART 2 – ABILITY TO USE NCRTD FIXED-ROUTE BUSES

Please indicate below the reasons you are applying for ADA Paratransit Eligibility:
(Check all that apply)

_____ I can use NCRTD fixed-route buses to go some places, but in other places I cannot get to and from the bus stops.
_____ I can use NCRTD fixed-route buses, but only if they are equipped with wheelchair lifts or ramps.
_____ Because of my disability, I can never use NCRTD fixed-route buses.
_____ Other reasons (please explain):_____
_____
_____
_____

PART 3 – INFORMATION ABOUT THE APPLICANT'S DISABILITY

1. What types of disabilities prevent you from using NCRTD fixed-route buses? (Check all that apply)

_____ Physical disability
_____ Developmental disability
_____ Cognitive disability
_____ Visual impairment
_____ Mental disability
_____ Other

If Other, please explain in detail:_____
_____
_____

2. Is the disability described above temporary or permanent?

_____ Temporary, I expect it to last for another _____ months.
_____ Permanent
_____ I don't know

3. Please indicate below if you use any of the following mobility aids or equipment.

_____ Manual wheelchair
_____ Powered wheelchair
_____ Powered scooter
_____ Long white cane
_____ Leg braces
_____ Walker
_____ Cane
_____ Crutches
_____ Service animal (describe)_____
_____ Other (describe)_____
_____ I do not use any of the above aids or equipment

NOTE: We may not be able to accommodate you if your wheelchair or scooter is longer than 48 inches, wider than 32 inches, or if the total weight (including the wheelchair) is more than 600 pounds.

4. Do you require the assistance of a Personal Care Attendant (someone who must assist you with daily life functions)?

_____ Yes, I need assistance when I travel
_____ No, I do not require assistance when I travel

PART 4 – QUESTIONS ABOUT USING [NCRTD] FIXED-ROUTE BUSES

1. Have you ever used NCRTD fixed-route buses?

_____ Yes, I typically use NCRTD fixed-route buses _____ times a week
_____ Yes, I used NCRTD fixed-route buses but stopped because _____
_____

_____ No, I never use NCRTD fixed-route buses because _____
_____

2. What might help you ride NCRTD fixed-route buses? (Check all that apply)

_____ Route and schedule information
_____ Being able to get NCRTD fixed-route buses with wheelchair lifts or ramps
_____ A communication aid (i.e., TTY, schedules in accessible formats)
_____ Learning to use NCRTD fixed-route buses with travel training
_____ If bus stops were closer to where I live and where I need to go
_____ Other (please describe)_____
_____
_____ None of these would help

3. Can you ask for and follow written or oral instructions to use NCRTD fixed-route buses?

_____ Yes _____ No _____ Sometimes

If you selected **NO** or **SOMETIMES**, please check all that apply:
_____ I get confused and might get lost
_____ Other people cannot understand me
_____ I probably could with instructions
_____ Other (please describe)_____

4. Are you able to get to and from bus stops on your own?

_____ Yes _____ No _____ Sometimes

If you selected **NO** or **SOMETIMES**, please check all that apply:

_____ I cannot get places if there are no curb cuts
_____ I cannot if the streets or sidewalks are too steep
_____ I cannot cross busy streets and intersections
_____ I cannot travel outside when it is too hot
_____ I cannot find my way at night because of my limited vision
_____ I probably could with travel training
_____ I feel unsafe traveling alone
_____ Other (please describe)_____
_____

5. Using a mobility aid or on your own, how far can you walk or operate your wheelchair or scooter?

_____ I cannot walk outside my house or apartment
_____ I can get to the curb in front of my house or apartment
_____ I can walk or use my wheelchair up to 3 blocks
_____ I can walk or use my wheelchair up to 6 blocks
_____ I can walk or use my wheelchair up to 9 blocks

6. Can you wait up to 30 minutes for a NCRTD fixed-route bus at a bus stop?

_____ Yes
_____ Yes, if the bus stop has a bus bench or shelter
_____ No (please explain)_____
_____

7. Are there any other conditions that limit your ability to use NCRTD fixed-route buses?

_____ Yes (please describe)_____
_____
_____ No

PART 5 – CURRENT TRAVEL INFORMATION

Please list the trips you will make most frequently using ADA Complementary Paratransit Service.

EXAMPLE	
FROM:	**TO:**
35 Palm Dr.	**Publix, 150 Main St.**

	FROM:	TO:
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____

PART 6 – INFORMATION ABOUT TRAVEL TRAINING

NOTE: Travel Training is personalized (individual or group) instruction that teaches the skills necessary to use NCRTD fixed-route bus service.

1. Have you ever had any personal instruction on how to use NCRTD fixed-route bus service?

   _____ No, I have never received any Travel Training
   _____ Yes, I have received personal Travel Training instruction through an NCRTD employee:
   Name of NCRTD employee: _____

   If you selected **YES**, please indicate below the skills you learned:
   _____ To travel to and from bus stops
   _____ To cross streets
   _____ To read bus schedules and plan trips
   _____ To ride the following routes:
   Route #_____ Route #_____ Route #_____ Route #_____
   _____ Other (please explain)_____
   _____

2. Did you complete the above training?
   _____ Yes
   _____ No

3. If NCRTD offers free Travel Training to anyone interested in learning how to ride the fixed-route bus service, would you be interested in getting information about this training?
_____ Yes
_____ No

PART 7 – APPLICANT'S CERTIFICATION

I understand the purpose of this application is to determine if there are times when I cannot use [NCRTD] fixed-route bus service and must therefore use the ADA Complementary Paratransit Service. I understand the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this application is true and correct. I authorize the licensed professional who provided professional verification to release information relating to my disability to NCRTD in order to assess eligibility determinations.

Applicant's Signature:_____ **Date:**_____

THIS CONCLUDES THE PORTION OF THE APPLICATION TO BE COMPLETED BY APPLICANT.

THE LAST SECTION (PAGES 8-9) OF THIS APPLICATION MUST BE COMPLETED AND SIGNED BY A QUALIFIED AND LICENSED PROFESSIONAL.

EXAMPLES OF QUALIFIED PROFESSIONALS INCLUDE:

Physician (M.D. or D.O.)	Independent Living Specialist
Physical Therapist	Rehabilitation Specialist
Occupational Therapist	Licensed Social Worker
Orientation and Mobility Instructor	Optometrist
Registered Nurse	Psychologist

PART 8 – PROFESSIONAL VERIFICATION

Applicant's Name:_____

TO BE COMPLETED BY A LICENSED PROFESSIONAL

The Americans with Disabilities Act (ADA) of 1990 requires NCRTD to provide **ADA Complementary Paratransit Service** to anyone who cannot use NCRTD fixed-route bus service because of a disability. ADA Complementary Paratransit Service is provided in an area contiguous to NCRTD fixed-route bus service. The applicant who has asked you to review and sign this application is applying to NCRTD to be considered eligible for the ADA Complementary Paratransit Service, which is intended only for those trips that the applicant cannot make on NCRTD fixed-route bus service. This application is intended to determine when and under what circumstances the applicant can use NCRTD fixed-route bus service and when he/she requires ADA Complementary Paratransit Service.

Please review the information provided by the applicant in **PARTS 2-4** of this application and then answer the questions below:

A. Has the applicant been diagnosed with a physical, mental, cognitive, or other disability?

_____ No
_____ Yes

Diagnosis & onset: _____
ICD – 9 codes: _____
DSM – IV codes: _____
OS – visual acuity & field: _____
OD – visual acuity & field: _____

B. The applicant's disability is:

_____ Permanent _____ Temporary – until when?_____

C. Please describe all conditions (physical, mental, cognitive, other) that functionally prevent the applicant from using NCRTD fixed-route buses:_____

_____

_____

_____

D. Does the applicant require the assistance of a Personal Care Attendant (PCA) when traveling on a public vehicle?

_____ Yes
_____ No

E. To the best of your knowledge, is the information provided in **PARTS 2-4** of this application true and correct?

_____ Yes
_____ No
_____ Do not know

Signature:_____ Date:_____
Print or Type Name:_____
Title:_____
State of New Mexico License Number:_____
Business Address:_____ Phone Number:_____
City:_____ State:_____ Zip Code:_____

For more information, please call:

NCRTD
866-206-0754